

***UltraSafe* Water Source** TM

Fax (306) 764-0726
Phone (888) 781-7424
(306) 764-1963
Mail original to:
RR#4, Site 1, Box 237
Prince Albert, SK.
S6V 5R2

Customer / Representative Application & Agreement

For use in Canada

Applicant information PLEASE PRINT CLEARLY.

Principal (Last, First, Mid) _____ . _____ , _____ S.I.N. _____	
Business name: (if different from above) _____	
Spouse's name _____	
Address _____	City _____
Province _____	Postal Code _____
Home phone () _____	Daytime phone () _____
Fax () _____	Cell phone () _____
Email _____@_____	
Please enroll me as: (check one) [please note that GST is included in the following fees]	
<input type="checkbox"/> PREFERRED CUSTOMER Annual membership fee: \$26.75 I understand that as a PREFERRED CUSTOMER, I may purchase products at representative discount prices and that I may enroll others into this program. I further understand that I will be assigned an ID # and positioned in the company network. I understand that there are no minimum monthly purchases required and that I am not eligible to earn income from the sale of company products until I upgrade my status.	
<input type="checkbox"/> COMMISSION CUSTOMER Annual membership fee: \$26.75 I understand that as a COMMISSION CUSTOMER, I may enjoy all the rights and privileges of this program including the earning of commissions from the sale of products through my associate network. I include with this application, a SPECIAL PRICING AND TERMS AGREEMENT (A, OR B) in which I am committing to a minimum monthly purchase of \$25.00, paid by electronic funds transfer.	
Payment method:	
Check: I enclose my check payable to UltraSafe Water Source. (Check must clear before membership is valid)	
Check by fax: I am faxing with this application, a copy of my check, marked "VOID" Please debit my account electronically.	
Or charge my card:	
VISA MASTERCARD	
Card Number _____	Expires _____ / _____
Name on card _____	Signature _____
Or	
Money order payable to UltraSafe Water Source.	
Enrollment and placement of new representative:	
Enroller's name _____	I.D. # _____
Enroller's Phone Daytime () _____	Home phone () _____
Placed under: (sponsor's) name _____	
(sponsor's) I.D.# _____	

In accordance with the terms and conditions contained in this application and agreement, I hereby submit my application to become a customer/representative (hereinafter referred to as the representative) with **UltraSafe Water Source** TM, (hereinafter referred to as the company). I hereby state and affirm that I have read and understand this agreement, including references, articles and provisions outlined, including the "Terms and Conditions", and "Policies and Procedures" of this company which by my signature below I accept as part of this application and agreement. I acknowledge a copy of. I am of legal age to enter into this agreement.

Applicant's signature _____ **Date** _____ **20** _____

For buyer's right to cancel, see attached.